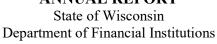
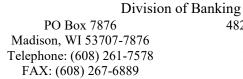
Wis. Stat. s. 138.12

INSURANCE PREMIUM FINANCE COMPANY ANNUAL REPORT





4822 Madison Yards Way North Tower Madison, WI 53705 www.wdfi.org Due Date: April 1, 2023

FOR THE YEAR ENDING DECEMBER 31, 2022

SCHEDULE A: GENERAL INFORMATION

Address	(Street)					
	(Street)	(PO Box)	(City)	(State)	(Zip Code)	
Telephone		Websit	e			
Location where records relating to said business are maintained for examination purposes:						
Please provide	the following information:					
<u>Corporation:</u> List all key officers and the percentage of common stock owned. In addition, list all other stockholders who ow 10% or more of the outstanding shares. Key officers include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary and treasurer.						
<u>Limited Liability Company (LLC)</u> : List all key members and each member's interest. In addition, list all other members who interest in the LLC is 10% or more. Key members include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary and treasurer.						
interest in	the LLC is 10% or more. Key me	mbers include the chi				
interest in executive of Limited Pa	the LLC is 10% or more. Key me	embers include the chicand treasurer.	ef executive office	er, chief operating	officer, president,	
interest in executive of Limited Path the limited	the LLC is 10% or more. Key me or senior vice president, secretary artnership: List all general partners	embers include the chicand treasurer. s and each partner's in	ef executive office	er, chief operating	officer, president,	
interest in executive of Limited Pathe limited Partnership	the LLC is 10% or more. Key me or senior vice president, secretary artnership: List all general partnership is 10% or more.	embers include the chicand treasurer. s and each partner's in	ef executive office	er, chief operating	officer, president,	
Limited Pathe limited Partnership Sole Propr	the LLC is 10% or more. Key me or senior vice president, secretary artnership: List all general partnership is 10% or more. p: List all partners and indicate pe	embers include the chicand treasurer. s and each partner's in reentage of ownership	ef executive office	er, chief operating	officer, president,	
Limited Pathe limited Partnership Sole Propr	the LLC is 10% or more. Key me or senior vice president, secretary artnership: List all general partnership is 10% or more. p: List all partners and indicate perietorship: List proprietor.	embers include the chicand treasurer. s and each partner's in reentage of ownership	ef executive office terest. In addition	er, chief operating	officer, president, artners whose interest	

5.	Name, title, business address, telephone number and e-mail address of person to whom questions regarding this report should be directed.					
	Name	Γitle				
	Address					
	Telephone	E-Mail Address				
6.	Name, title, business address, tele with this Department against your	ephone number and e-mail address of person to company should be directed.	whom correspondence rega	arding complaints filed		
	Name		Γitle			
	Address					
	Telephone	E-Mail Address				
	Name, title, business address, tele compliance issues should be direct	ephone number and e-mail address of person to cted.	whom correspondence rega	arding examinations and		
	Name	1	Γitle			
	Address					
	Telephone	E-Mail Address				
	<u>!</u>	SCHEDULE B: WISCONSIN FINANCE R	<u>ECEIVABLES</u>			
fror acc	n the licensee's financial report for	e premium finance receivables of Wisconsin contract r the twelve months ended December 31, 202 are to be reported net of unearned finance charge	2, prepared in accordance	with generally accepted		
8.	Finance receivables outsta	nding as of 12/31/2022:	<u>Number</u>	Net Balance		
	a) Consumer Receivables.			\$		
	b) Commercial Receivable	es		\$		
9.	Total premium finance agr of acquisition):	reements originated or purchased during the ye	ar ended 12/31/2022 (report	original balance at time		
			<u>Number</u>	Net Balance		
	a) Consumer Receivables.			\$		
	b) Commercial Receivable	S		\$		

SCHEDULE C: QUESTIONNAIRE

10.	The following questions must be answered by a duly authorized representative (key officer, member, partner, or owner) of the licensee. Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet. "Key Officers" include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary and treasurer. If your company has not previously filed an annual report with the division, the questions should be answered for the time period since your license application was submitted.				
	<u>Yes</u> □	<u>No</u> □	Since filing your previous annual report, has any key officer, member, partner or owner been convicted of any misdemeanor or felony (other than minor traffic offenses) in this state or any other state? Provide details about the misdemeanor or felony, including but not limited to conviction, conviction date, penalty and court.		
			Are there any felony or misdemeanor charges (other than minor traffic offenses) pending against any key officer, member, partner or owner in this state or any other state? Provide details about the pending charges, including but not limited to charge, date and court.		
			Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any federal or state regulatory agency? Provide details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.		
			Is disciplinary action pending against the licensee or any key officer, member, partner or owner by any federal or state regulatory agency? Provide details, including but not limited to action and regulatory agency.		
			Since filing your previous annual report, has the licensee or any key officer, member, partner or owner surrendered, resigned, cancelled or been denied a professional license or other credential in this state or any other state? Provide details, including but not limited to date, credential and state.		
			Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.)? Provide details, including but not limited to date, circumstances and court or agency.		
			Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of any suit, claim, or other civil action in this state or any other state that was settled, or included a ruling or decision not in the licensee's or individual's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.		
			Since filing your previous annual report, have any key officers, members, partners, or owners of the licensee also been a key officer, member, partner, or owner of another company that was the subject of disciplinary action while that individual was a key officer, member, partner or owner of the other company? Disciplinary action includes, but is not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any federal or state regulatory agency. Provide details about the disciplinary action, including but not limited to, company name, date, regulatory agency, and type of discipline.		
			Is a suit, claim or other civil action pending against the licensee or any key officer, member, partner or owner in this state or any other state? Provide details, including but not limited to agency or court and date.		

AFFIDAVIT

I,(Print Name of Key Officer/Member/Partner/Owner)	_, the undersigned, being the duly authorized representative of		
(Name of Licensee) annual report is true and correct to the best of my knowledge.	hereby certify that each statement and rep	resentation in this	
(Signature of Key Officer/Member/Partner/Owner)	(Title)	(Date)	
SUBSCRIBED AND SWORN TO BEFORE ME ON			
THIS, DAY OF,			
(Notary Public)	_		
My Commission Expires	_		

Notice: This form is required under Wis. Stat. s. 138.12. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this form completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.